



The Mathematical Association of Western Australia (Inc)
Membership Form 2019/2020

Phone: 08 9345 0388 Fax: 08 9345 0488

ABN: 83 179 618 286

Membership Details

PLEASE PRINT AND COMPLETE ALL FIELDS

Membership	<input type="checkbox"/> Institutional	<input type="checkbox"/> Individual	<input type="checkbox"/> Student	Application Type	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Update
Membership Number	If known	Level	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Both		
Institution							
Contact title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	Number of staff teaching mathematics	
Contact first name				Contact last name			
Work	<input type="checkbox"/> Government school system		<input type="checkbox"/> Unemployed		<input type="checkbox"/> State Training provider (TAFE) / other		
	<input type="checkbox"/> Catholic school system		<input type="checkbox"/> Retired		<input type="checkbox"/> Student		
Contact Role	<input type="checkbox"/> Independent school system		<input type="checkbox"/> University		<input type="checkbox"/> Consultant, tutor or self-employed		
	<input type="checkbox"/> Mathematics teacher <input type="checkbox"/> Mathematics leader <input type="checkbox"/> Principal <input type="checkbox"/> Deputy/ Assistant principal <input type="checkbox"/> Head of school <input type="checkbox"/> Director of studies <input type="checkbox"/> Curriculum coordinator <input type="checkbox"/> Other: _____		Contact Qualification		<input type="checkbox"/> Primary teacher <input type="checkbox"/> Primary teacher (tertiary mathematics) <input type="checkbox"/> Secondary teacher (tertiary mathematics) <input type="checkbox"/> Secondary teacher (little / no mathematics) <input type="checkbox"/> Other: _____		
Contact date of birth	DD/MM/YY	Contact Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Student ID	If applicable	
Address							
Suburb		Postcode		Email			
Phone		Mobile		Fax			

Membership Selections

All prices INCLUDE GST

<input type="checkbox"/>	A	Institutional - Primary	<input type="checkbox"/> 0 - 300 Students <input type="checkbox"/> 301 - 600 Students <input type="checkbox"/> 601+ Students	\$200 \$250 \$300	
<input type="checkbox"/>	B	Institutional - Secondary	<input type="checkbox"/> 0 - 300 Students <input type="checkbox"/> 301 - 600 Students <input type="checkbox"/> 601+ Students	\$300 \$350 \$425	
<input type="checkbox"/>	C	Institutional - (K - 12)	<input type="checkbox"/> 0 - 300 Students <input type="checkbox"/> 301 - 600 Students <input type="checkbox"/> 601+ Students	\$350 \$525 \$625	
			<input type="checkbox"/> AAMT: Australian Primary Mathematics Classroom Journal (Primary Focus) <input type="checkbox"/> AMEJ: The Australian Mathematics Education journal (Primary and Secondary Focus)	Please select one journal here to be included with the above types of membership. Additional Journals to be selected below	
<input type="checkbox"/>	D	Individual	(Any person interested in mathematics or mathematics education)	\$95	
<input type="checkbox"/>	E	Individual - Student	(Any person who is a pre-service primary teacher or pre-service teacher of secondary mathematics)	FREE	
<input type="checkbox"/>	F	Business	(A business interested in mathematics or mathematics education)	\$450	
<input type="checkbox"/>	G	Reciprocal	(Any person who is a current member of another AAMT affiliated association)	\$65	
Optional Extras - Journals - Please tick box(es) to indicate which journals you would like to receive.					
<input type="checkbox"/>		AAMT: Australian Primary Mathematics Classroom Journal (Primary Focus)		\$30	
<input type="checkbox"/>		AMEJ: The Australian Mathematics Education journal (Primary and Secondary Focus)		\$30	
<input type="checkbox"/>		MAV: Prime Numbers Journal (Primary Focus)		\$35	
<input type="checkbox"/>		MAV: Viniculum Journal (Secondary Focus)		\$35	

Total Membership Cost: _____

Payment Option: 1 Direct Deposit	<input type="checkbox"/> BSB: 066 013 Account: 10076346 Reference: "MEM" and your surname e.g. MEMSmith Please email your remittance advice to accounts@mawainc.org.au	Payment Option: 2 Cheque	<input type="checkbox"/> Please post cheque to: MAWA - PO BOX 440 Mirrabooka WA 6941 (Institutional - Order number is required) School Order Number: _____
Name on Card			
Payment Option: 3 Credit Card	<input type="checkbox"/> Type of Card	<input type="checkbox"/> <input type="checkbox"/>	Expiry Date MM YY
Credit Card #			
I hereby authorise MAWA to debit my card by: \$ _____ Signature: _____ Date: _____			
Please return this form by the following methods:			Office Use
office@mawainc.org.au	08 9345 0488	PO BOX 440, MIRRABOOKA WA 6941	
			Membership NO: _____ Invoice NO: _____ Receipt NO: _____ AUTH: _____